**								Application or Docket Number						
Ĭ	PATENT APPLICATION FEE DETERMINATION RECOR								00167-441001					
Effective October 1, 2001														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EI	YTITY	OR :	OTHER SMALL			
TOTAL CLAIMS			25				ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5		. [	X\$ 9=		OR	X\$18=	90		
INDEPENDENT CLAIMS			minus 3 =		* 4			X42=		OR	X84=	376		
MUI	LTIPLE DEPENI	DENT CLAIM P	RESENT				Ì	+140=		OR	+280=			
* If \$	he difference	in column 1 is	ess than zero, enter "0" in column			olumn 2	L	TOTAL		OR	TOTAL	1166		
CLAIMS AS AMENDED - PART II										-	OTHER	THAN		
		(Column 1)	(Column 2)			(Column 3)	1	SMALL	ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	.30	Minus	** Z		= 5		X\$ 9=		OR	X\$18=	90		
<b>WEI</b>	Independent	. 8	Minus	***	7	= /		X42=		OR	X84=	85		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	/		
•	BEST AVA!LABLE COPY						L	+140=.		OR	TOTAL			
•								ADDIT. FEE		OR	ADDIT. FEE	L		
		(Column 1) CLAIMS			mn 2) HEST	·(Column 3)	] -			1		1000		
ENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 30	Minus	** (5	30	=	<b>]</b> [	X\$ 9=		OP	X\$18=			
AME	Independent	* STATION OF M	Minus	***	T CLANA	=	┨╏	X42=		OR.	X84=			
نا	rino i PRESE	NTATION OF M	ULITE UE	FIADEN			د	+140=		OR	+280=			
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
	(Column 1) (Column 2) (Column 3)									•	ADDIT, FEE.			
		(Column 1) CLAIMS		HIGI	HEST	T	ľ		ADDI-	ł		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
NOW NOW NOW NOW NOW NOW NOW NOW NOW NOW	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		<u> -</u>	1 [	X42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ĺ				
		L	+140=		OR	+280=	<u> </u>							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Nun	imber Previously Pa	id For (Total o	r Indepen	dent) is the	e highest number	er fou	nd in the ap	propriate bo.	x in co	lumn 1.			